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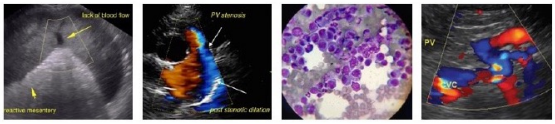

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Jaina White

SPECIES

Canine

BREED

G. Retr

SEX

Spayed Female

AGE

4yrs

WEIGHT

96 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

AH of Stoney Creek

REFERRING VET

Martin

INVOICE

10047

DATE

2/3/2023

PRESENTING CLINICAL SIGNS

Chronic nausea began Jan 13 in the evenings, now more episodes of salivation, licking things around the house, eating grass.

Meds: fluoxetine-being weaned off, cerenia, sulcrate

Abnormal PE/Chem/CBC/UA Results: BW-WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses, or cystic calculi.

The left kidney has a normal shape and size (6.91cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.96cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.54cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect is visualized.

The right adrenal gland is normal in size measuring 0.7cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

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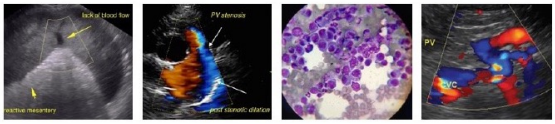

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The stomach has large shadowing ingesta. It measures at a normal thickness of 0.69cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (0.48cm) and the jejunum measured as normal (0.45cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large shadowing ingesta within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted consider such differentials as delayed gastric emptying, ingested foreign material, or a pyloric outflow tract obstruction (none clearly seen, but shadowing ingesta interferes with this evaluation).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal. No focal bowel masses, pancreatitis, or other lesions are observed. There is shadowing material visualized within the gastric lumen. Correlate this with the feeding history and abdominal radiographs. If the patient was adequately fasted, consider the possibility of ingested foreign material. The gastric wall appears slightly prominent, but no focal lesions are observed. Unfortunately, the shadowing gastric material obscures full evaluation of the stomach and pyloric region.

Consider metabolic causes for nausea. Routine lab work is reported to be normal. Consider a baseline cortisol.

If primary gastrointestinal disease is thought likely, consider such differentials as food allergy/dietary intolerance, GI parasitism, GI ulceration, pancreatitis, nonspecific gastroenteritis ingested foreign material, IBD and much less likely neoplasia. If symptoms persist consider upper GI endoscopy to further evaluate the esophagus and stomach or surgery to evaluate the stomach, small bowel, and obtain GI biopsies.

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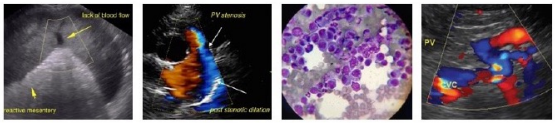

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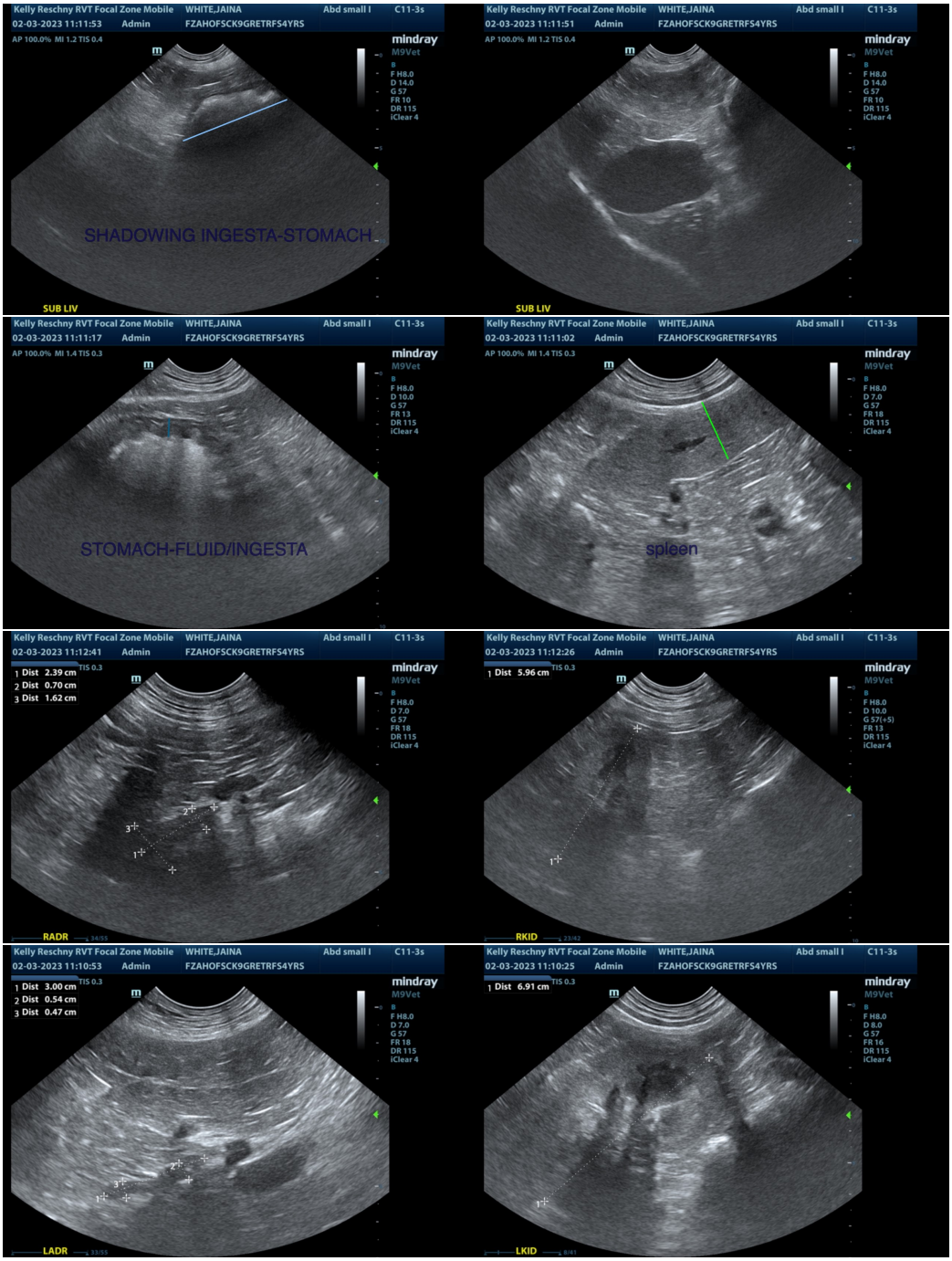
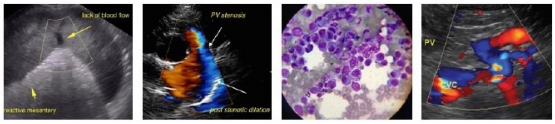


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.



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